

# TRANSMITTAL FORM


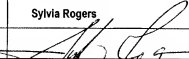
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/013,927	
	<b>Patent No.:</b>	7,189,530 B2	
	<b>Filing Date</b>	December 11, 2001	
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	<b>First Named Inventor</b>	David Botstein, et al.	
	<b>Group/Art Unit</b>	1647	
	<b>Examiner Name</b>	Hamud, Fozia, et al.	
<b>Total Number of Pages in This Submission</b>	<b>6</b>	<b>Attorney Docket No.</b>	39780-2830 P1C45

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> <b>Request for Certificate of Correction</b>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> <b>Certificate of Correction</b>	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment	<input type="checkbox"/> Assignment	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Version With Markings Showing Changes	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input checked="" type="checkbox"/> <b>Additional Enclosure(s) (please identify below):</b>
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> <b>Copy of Preliminary Amendment as filed 8/29/02.</b>
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement with Form PTO-1449	<input type="checkbox"/> Small Entity Status Claimed	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks  <b>AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT <u>08-1641</u> FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER.</b>	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response To Missing Parts Under 37 CFR 1.52 Or 1.53		
<input type="checkbox"/> Copy Of Notice		

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

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<b>FILED VIA EFS</b>				
<b>Typed or printed name</b>	Sylvia Rogers			
<b>Signature</b>			<b>Date</b>	April 3, 2007

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